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ABSTRACT

In American society, being alone is confounded with the concept of loneliness which has a negative image suggesting deficits in an individual's life situation. It is possible, however, that with advancing age the need for sociability decreases. This study examined the issues of loneliness and being alone among a sample of 150 older adults. Both qualitative and quantitative data were collected. Respondents answered open-ended questions about their satisfaction with their social life and discussed relations with various family members to reveal their level of social integration and supports received. Respondents noted issues that were of concern to them and described stresses they had experienced. The Bradburn Affect Balance scale was administered as a measure of loneliness. The findings revealed that 79% of the respondents were unmarried and 58% lived alone. Almost two-thirds were widowed; of those who had children, almost one-third had lost a child; and less than one-half had a surviving sibling. Despite the fact that 70% had some functional impairment that limited their mobility, few complained of being lonely. On a four-point scale, 54% reported never feeling lonely, 10% rarely experienced loneliness, 24% reported some loneliness, and only 12% reported frequent feelings of loneliness. The findings suggest that the respondents attach their own meaning to being alone, and experience solitude rather than loneliness. (NB)

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Loneliness and Solitude in Late Late Life

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ABSTRACT

LONELINESS AND SOLITUDE IN LATE LATE LIFE

Although a large proportion of the sample of oldest old spend much time alone, two-thirds report that they rarely or never experience loneliness. This finding raises the proposition that expectations for social relationships may change in advanced old age. In American society, being alone is confounded with loneliness, a concept which suggest deficits in an individual's life situation. It is possible, however, that with advancing age the need for sociability decreases because of age-related changes in a person's physical capacities, their need for interpersonal relationships, and environmental factors which inhibit socialization. For example, the majority of the oldest old are widowed, live alone, and are restricted in their mobility, all factors which may have isolating effects. In spite of this potential, our findings suggest that these long-term survivors attach their own meaning to being alone, and experience solitude rather than loneliness.

LONELINESS AND SOLITUDE IN LATE LATE LIFE

" As you get older you get a little more adjusted to things" 1

INTRODUCTION

This paper examines the strategies used to deal with the challenges of being "the only one left," the survivor who has outlived most contemporaries. We suggest that, with many social losses, adaptive processes take place which reduce the importance of socializing with others. Although some respondents deal with social losses by taking direct action to expand their social world, most reframe the meanings of being alone and modify their desired level of social integration. In this way the discrepancy between one's desired and achieved levels of social relationships can be reduced.

BACKGROUND

In American society being alone is confounded with the concept of loneliness which has a negative image suggesting a deficiency in the absence of social relations. Lonely people are commonly stereotyped as isolated, different, separate from others, unloved and inferior. They are perceived as bringing their condition upon themselves, avoiding social contacts, isolating themselves and experiencing anger and depression. Thus there is a social stigma attached to loneliness (Gordon, 1976).

It is possible that with advanced years a desire for social relationships is altered by age-related changes in a person's

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1 92 year old respondent

capacities, changes in age norms and situational constraints. Relatively few old people report frequent feelings of loneliness (Townsend,1968). The literature suggests that young and old use different standards against which to evaluate their own social lives and that older adults value privacy and independence (Peplau et al., 1982). For example, living alone can be viewed as an achievement rather than as a sign of rejection by others. For those who survive to advanced old age a certain degree of aloneness is inevitable (Goodchilds & Bikson, 1980) and being alone does not invariably produce feelings of loneliness. Cultural expectations for social relationships change with age (Perlman & Peplau, 1981) so that social comparisons with others in similar situations may be important. Multiple sources of evidence suggest that age is related to increasing social autonomy. As a group, elderly report less loneliness than people at any other part of the life span, in spite of losses common to this age period (Larson, et al., 1985).

Survey data lead to two conclusions. First, self-reported loneliness is less common among older persons. Second, only a small minority of old people report suffering from severe and prolonged loneliness (Peplau et al, 1982). One researcher (Dean, 1962) speculates that the meaning of the term loneliness amongst the oldest old is closely linked to reduced activity due to physical incapacity and to lack of money or transportation, rather than to an absence of social contact. The experience of loneliness may change with age due to a change in both the meaning attributed

to loneliness and the relative contribution of predictor factors to loneliness. While poor health may be related to loneliness in all age groups, this may replace interpersonal relationships as the key to loneliness in the "old old" (Bowling et al, 1989).

RESEARCH POPULATION

The research was conducted in San Francisco with 150 respondents who were selected from the voting records. Snowball techniques were also used, with each individual interviewed being asked to refer us on to an age peer. By intention, all 150 respondents interviewed were white, all were cognitively alert, and all possessed the stamina to participate in the interview. All socioeconomic levels are represented. In education roughly one-third have at least some college, another one-third a high school diploma and one-third less than a high school degree. In religious affiliation, 42% are Protestant, 35% are Catholic, and 23% are Jewish.

To examine the prevalence of loneliness in our sample of oldest old, we collected both qualitative and quantitative data. Open-ended questions explored the individual's satisfaction with their social life. To determine the level of social integration and supports received, respondents were asked to discuss each relation (spouse, child, child-in-law, grandchild, sibling relative and friends). Questions included how often they were in contact, what assistance the individual supplied and whether the relationship was satisfying and rewarding. Social contacts also provided a measure of social integration and the quality of these

relationships was evaluated by reports on the satisfaction with these relationships.

Respondents also brought forth issues which were of concern to them and described stresses that they experienced. From these discussions a problem check list was devised which included whether or not they had experienced feelings of isolation or loneliness. A further measure of loneliness was provided by The Bradburn Affect Balance scale.

Among these respondents we find depletions in their family structure. Seventy-nine percent of the sample are unmarried, 58% live alone, 32% are childless and almost one-half have no child in proximity. In terms of losses experienced by this sample, almost two-thirds are widowed; of those who had children, almost one third had lost a child; and less than one-half have a surviving sibling. In their social networks, only one-third of the sample receive instrumental supports from children and few receive such assistance from any other relatives. If in need of someone to grocery shop or to assist them in household tasks, less than one-quarter could call upon a child. In fact, 70% have no one to turn to if they are feeling "down in the dumps."

Despite the fact that 70% have some functional impairment that limits their mobility, and that many have outlived family members and friends, few complained of being lonely. On a four-point scale, 54% reported never feeling lonely, 10% rarely experienced loneliness, 24% some, and only 12% reported frequent feelings of loneliness.

THE PROBLEM OF LONELINESS

Our data verify the conclusions of Townsend (1968) that loneliness is related much more to "loss" than to enduring "isolation". In exploring the characteristics of those 12% in the sample who did report frequent feelings of loneliness, we usually could identify a precipitating event. Specifically, six of the seventeen who experienced loneliness had lost a spouse within two years. Such a loss, after an average of 65 years of marriage, is most likely of considerable magnitude. Four others had had a recent acute illness episode, another four had recently stopped driving, and one person was recently relocated to her daughter's home, away from her familiar neighborhood associations. Even more telling, at the time of our second round of interviews, a mean of 15 months later, one-fourth of those who had expressed strong feelings of loneliness, had died.

TABLE

It was our expectation that a number of predisposing variables could be identified that would be statisically associated with feelings of loneliness. In the demographic characteristics, there is no statistical significance in the association between loneliness and gender, age, or economic status. Being unmarried and living alone, however, do have significant correlation with feelings of loneliness. Functional characteristics, as measured by ADL/IADL and health status show no association with loneliness, although perceived restrictions on activity and experiencing pain do correlate with loneliness.

Friends are a more important antidote to loneliness than are relationships with family members. The proximity of children, family integration and family supports, and satisfaction with family show no statistical significance. In fact, there is no association between any family variables and reports of loneliness. What is striking is that depleted friendship networks, poor quality of relationships with friends, and lack of reciprocity are all significantly related to feelings of loneliness. The literature reports that it is a common finding that contact with kin does not reduce loneliness and enhance psychological well-being among older adults, while contact with age peers often does (Lee, 1985; Peplau et al. 1982).

COPING STRATEGIES

With abbreviated family networks and the obstacles in replacing friends, many of the oldest old spend a large portion of their days alone. The question then arises as to why loneliness is seldom mentioned as a concern among this population of "survivors". Our results suggest that those who reach such an advanced age redefine their goals and expectations in order to come to terms with their reduced stamina and many losses. In doing so loneliness is not usually experienced.

One method of confronting loneliness is to take action to change the situation. As one 90 year old woman simply stated, "Whenever I feel lonely I put on my red coat and go out." Others described that they overcome loneliness by working in the garden, phoning someone, turning on the soap operas to get involved in

other people's lives, or, even making themselves feel better by eating chocolate!

Practical steps to alter a situation are not always successful so that isolated older individuals often reframe their definition of what an optimal level of social integration is. Through redefining their social needs and viewing their narrowing social world as a positive change, individuals manage to adjust to their social detachment and time spent alone. In the exact words of one respondent, "the only way to cope is with a certain detachment. That's the word that would apply to what I'm saying. It's as though I'm somewhere detached from the things that happen. You feel you've lived 85 years and if you've managed this long, you'll handle it." Others, when asked about forming new friendships to make up for lost ones, typically responded that "I don't want any more. I want less," or, "I enjoy my privacy." The positive aspects of being alone are stressed and being alone is not necessarily equated with feeling lonely, isolated or desolated. As 89 year old Mrs. L. illustrates, there is a voluntary withdrawal. "I could make friends but I really don't need them because I'd rather rest. I'd rather have the time to rest."

Detachment is also characterized by introversion and by living in a world of memories. Elderly individuals capitalize on the psychological process of introversion (Neugarten, 1977; Schulz, 1985,) a personality change in the aging process that is consistently described in the literature. Just as the physical

environment is narrowed and simplified, the social environment goes through a similar process. Effective copers come to terms with social losses and increased isolation by selective withdrawal and retreat. As suggested by Fiske and Robinson (1976) relationships may be sloughed off with some sense of relief. Such withdrawal is usually viewed positively and perceived to be an advantage, as in "Having reached the peaceful age of quietude" and "enjoying one's privacy."

Making a conscious choice to be alone is one way of rationalizing the lack of social contact. It was not uncommon to hear statements such as, "I'd rather be alone than with others who are always talking about their ailments. This hurts me and that hurts me. It's depressing." Or, "there are no people I'm interested in. They all talk pills, Dr. bills, how many times they went to the bathroom, how they slept. Who cares?"

Other mechanisms that control feelings, such as repression, exist at the unconscious level. Statements such as "I talk myself out of feeling lonely," "I don't allow myself to get those feelings," or "I don't think about it," were frequently made. A 94 year old woman has convinced herself that being alone is more calming than mixing with others. "I like being alone. When I was younger I wanted more excitement, but now I like to be alone. My mood is more even, more unemotional." Another justified his aloneness by saying that he was "semi-retired from life."

Another strategy mentioned is to retain the closeness of relationships through the use of memories, that is, keeping others

alive in one's thoughts. This is often accomplished by remaining in familiar surroundings. An almost blind 95 year old woman expressed how much her home meant to her. "I really love this place. I feel so surrounded by my past here and supported by it. I get up and walk around the house and look at all my pictures. People that I've not seen for ages. I look at the pictures and think about them. They are familiar to me." Somehow reincarnating family and friends provides a feeling of being with them and reduces the need for constant social reaffirmation. Many choose and perhaps cherish the opporunity to be alone. Having absorbed so much from others over their lives, they remain with them in their thoughts, in the objects around them and in their every action (Larson, et al. 1985).

However the same strategy may have the opposite effect on a different person. One recently widowed man who remains in his own home poignantly described his terrible loneliness and how painful it was to be surrounded by so much nostalgia associated with his late wife whom he misses so much.

It has been suggested that there is an age-linked preoccupation with self-protection and survival that comes with the infirmities of old age (Townsend, 1968). Our findings confirm this. A woman aged 102, stated that, "People impinge on you at my age. I need more time to be with myself." Another respondent gave a clear explanation of coming to terms with the reality of her age. "I don't go out. It's a combination of no energy, a little too much effort and it costs money, so you don't do it and that

becomes a habit."

By redefining expectations individuals come to terms with being alone in much the same way that they ultimately to come to terms with impending death. With time and experience, they adapt to their situation. As one person said, "I like to be alone, but I don't feel I have enough time alone. It was terrible being alone when my husband died but I eventually got used to it." As one man succinctly explained, "Time cures loneliness. The sense of loss wears off and you live beyond the most painful times." Many expressed age norms, such as "people this age should stay to themselves." Clearly cognitive processes play a central role in modifying the experience of loneliness. As one gentleman summarized life at 92, "If you live long enough, you learn how to cope."

DISCUSSION

Certainly amongst this age group there are reduced opportunities for face-to-face contact with others which creates barriers to social integration. Functional limitations are prevalent (70% of our sample). In particular, visual and hearing losses, impaired mobility and depleted energy all effect one's ability to seek out, or even enjoy, social interaction. With physical limitations, more time each day is inevitably consumed with personal care and household maintenance. Consequently the time, the motivation and the energy required for social relationships diminishes. Respondents simply state that "I don't have the same desire to keep mixing and going out."

Functional decrements in the aging individual potentially can lead to a gradual withdrawal from social relationships. For example, the extent of hearing loss which is experienced by this age group (54% of our sample) makes communication stressful. As one woman expressed it, "I don't go out because I can only hear bits of conversations in groups." On the other hand, sometimes visitors are not encouraged as the ability to offer hospitality is curtailed. "I haven't encouraged visitors. I can't get out to buy food or prepare it. I can't even get tea or coffee out for them. I haven't the stamina. I couldn't clean up, even if I could fix it." Reciprocity in the exchange of companionship, aid and emotional support, is a vital component in social relationships and the ability to provide help and support at this age is limited.

Reduced social networks further contribute to isolation. Family resources diminish with the death of some family members, the relocation of others, and intergenerational differences. As noted, large numbers in this sample are unmarried and childless. Furthermore, the "children" of this age group are themselves getting older, with a mean age of 57, and may be confronting their own impairments. As for their families of origin, few of the oldest old have a sibling near by.

Beyond the family, many have outlived their peers. It is difficult for members of this age group to generate new friendships since there is scant opportunity to establish common interests, share experiences, or even meet together. Often arranging visits is neither easy nor convenient. As one woman

complained, "I live at the convenience of others. I have to wait for my daughter to come and pick me up. She may come on Tuesday or she may come on Thursday. It depends on when it suits her." Hopes are crushed when promises to visit are not kept, as described by Mrs. K. "When you're old you sit and wait and plan and then they don't show up."

CONCLUSION

In spite of substantial losses in functioning, family and friends, most of these oldest old manage to neither need nor desire constant companionship. The absence of others is not necessarily experienced as a negative condition. In fact, many cherished the opportunity to be alone at this stage in their lives. Our findings suggest that with advanced old age, the desired level of social relations can decrease as individuals develop a capacity to be alone. Thus they may enjoy a desired state of peaceful solitude, a time of reflection, rest and self renewal, rather than experience the pain of loneliness. As Peplau et al conclude, the "plight" of the old and alone may be less social-psychological than economic and sociological.

These conclusions lead to implications for social policy programs that see as one of their goals the need to increase the social contacts of seniors (Larson, et al. 1985). Such goals may not necessarily apply to those who live beyond the age of 85. From the point of view of the oldest old, it may be more important to have policy and services designed to assist them in meeting their

instrumental needs by providing home health care and housekeeping services.

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TABLE 1
Social and Physical Profile of the Oldest Old
(percentages n = 150)

DEMOGRAPHIC PROFILE	
Married	20%
Lives Alone	58
Lives with family member	33
Lives with non relative	9
Child in proximity	55
No surviving child	32
PHYSICAL STATUS	
Perceived Health Status	
Excellent/Good	73%
Fair	23
Poor	4
Visual Impairment	52
Hearing Impariment	55
Activity Restriction	78
ADL/IADL	
No impairment	30%
Impaired 1 - 3 tasks	25
Impaired 3+ tasks	45
SOCIAL SUPPORTS	
Instrumental supports	
None from family	48%
From 1 family member	41
Frome more than 1	11
Expressive supports	
None from family	34%
From 1 family member	24
From more than 1	42
Confidante	51
Turn to when down	26
At least weekly contact with:	
Child	56%
Relative	12
Friend	72
Association	61
Satisfied with relationships	
With family	42%
With friends	51%
Formal Supports	
Choreworker	43%
Senior/community association	41

Table 2

PROBLEM LIST
(by percentage)
n=111*

	Never	Sometimes or Often
Health		
Worries about health	67%	33%
Functional problem	34	66
Environmental		
Housing	76%	24%
Neighborhood	87	13
Economic	82	18
Social Complaints		
Loss of intimates	51%	49%
Not enough supports	81	19
Children's problems	79	21
Spouse's problems	92	8
Conflict with others	[illegible]	31
Isolation	86	14
Psychological Complaints		
Lonely	72%	28%
Memory	86	14
Sensory loss	76	24
Fear of dependency	79	21
Feelings of uselessness	85	15
Affect Balance Scale Items		
Lonely	54%	46%
Angry	53	47
Lethargic	32	68
Excited	20	80
Depressed	56	44
Accomplished	23	77
Bored	64	36
Uneasy	59	41

* These findings come from the second round of interviewing when 39 respondents were not reinterviewed

TABLE 3

Correlates to Loneliness

Demographic	
Gender	.0454
Age	.1496
Marital Status	**.2816
Living Arrangements	*.1835
Economic Status	.1321
Physical Status	
ADL	.0908
IADL	.1565
Pain	*.2100
Restricted Activites (Self-Report)	*.2144
Health Status (Self-Report)	.0247
Mood	*.2489
Social Networks	
No. Children in Proximity	.0542
Family Integration	.0502
Family Support	.0028
Satisfaction w. Family	.0655
Friend Network	**.2355
Satisfaction w. Friends	**.3040
Reciprocity	**.2210
Association Network	.1512

* $p < .05$
** $p < .005$